

First of its kind research provides critical information for treating Alzheimer's in American Indian and Alaska natives

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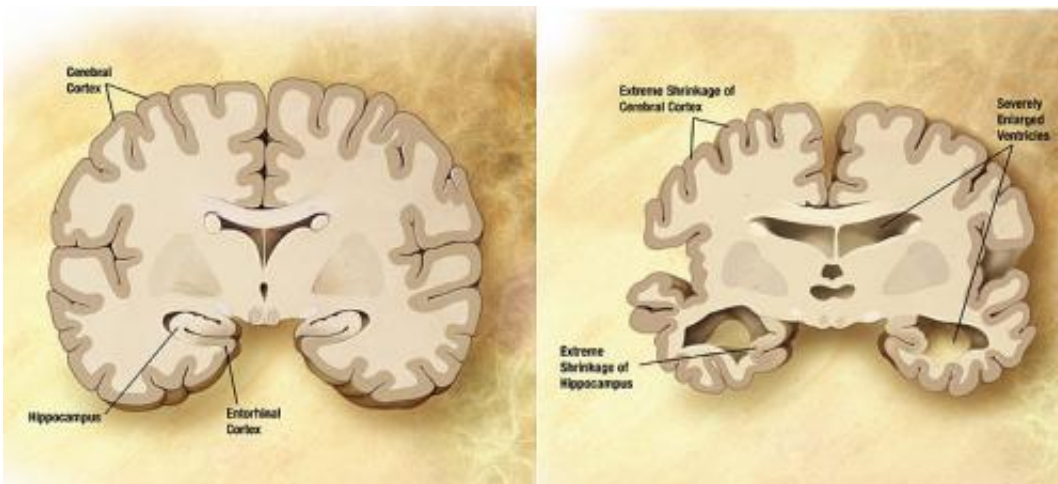


Diagram of the brain of a person with Alzheimer's Disease. Credit: Wikipedia/public domain.

American Indian and Alaska Native (AI/AN) adults are at high risk for Alzheimer's disease and related dementias (ADRD), yet little is known about resources allocated for their treatment.

In a new peer-reviewed paper published today in the *Alzheimer's & Dementia*, scholars and healthcare experts present first of its kind research focused on dementia among AI/AN adults and the costs of treating this disease within the Indian Health Service (IHS) and tribal

health programs.

"There's currently not enough information about dementia among AI/AN people, compared to other US populations. It's a desperately needed area for research, especially since it's a very costly disease to treat in an already resource constrained [health system](#)," said lead author Joan O'Connell, Ph.D., associate professor, Centers for American Indian and Alaska Native Health at the Colorado School of Public Health, University of Colorado Anschutz Medical Campus.

O'Connell adds, "Due to the financial constraints of IHS and tribal health programs and the rural location of many AI/AN patients, it is important to have data available to inform enhancements to their care."

The paper, authored by public health experts and a tribal physician, presents an analysis of existing data to understand how resources are being utilized to treat patients with dementia through IHS and tribal health programs to inform tribal leaders, IHS and other health care payers such as Medicare and Medicaid.

"We're hoping our research can help Indigenous [health](#) systems figure out policies, services and infrastructure to help their older population with ADRD, including how to efficiently allocate resources to treat AI/AN adults with dementia," said co-author Luohua Jiang, Ph.D., associate professor, Department of Epidemiology and Biostatistics at University of California Irvine.

The authors found the magnitude of resources allocated to hospital inpatient care among AI/ANs with dementia in the study was strikingly high. They also found these patients reported a higher prevalence of other chronic conditions (for example, cardiovascular disease, diabetes).

This finding suggests that to avoid costly inpatient stays, additional

resources need to be allocated to outpatient care and home and community-based services for AI/AN adults. However, providing care for AI/AN patients is challenged by many factors, including the rurality and remoteness of the areas in which many live, coupled with social determinants and constraints on provider time and resources available.

Many tribes and IHS have implemented dementia education programs for providers and community members, conducted community-based screenings, built tribal nursing homes and provide home-based services. But despite these noteworthy efforts, there's still a large disparity in access to these services. Older AI/AN Medicaid enrollees were found to have lower use of long-term [care](#) services paid for by Medicaid than White enrollees.

The authors add, not only is there a need to assess reasons for the hospitalizations of AI/AN dementia patients, but there is also a need to assess resources allocated to services that may prevent them. They conclude that resources allocated to prevent and treat risk factors for dementia may not only reduce dementia risk among AI/AN adults but also reduce resources required to treat those with [dementia](#).

More information: The costs of treating all-cause dementia among American Indians and Alaska native adults who access services through the Indian Health Service and Tribal health programs, *Alzheimer's & Dementia*, [DOI: 10.1002/alz.12603](https://doi.org/10.1002/alz.12603)

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